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## FEC FORM 2

## STATEMENT OF CANDIDACY

							_
1.	(a) Name of Candidate (in full)						
	LAHOOD, DARIN MCKAY, , , (b) Address (number and street)	☐ Check if addre	ace changed		2 Candidate's FEC	Identification Number	
	11607 N GLENSHIRE DR	□ Check ii addie	ess changed		H6IL18088	identification Number	
	(c) City, State, and ZIP Code				3. Is This	New Amende	ed .
	DUNLAP		_ 6152		Statement	(N) OR (A)	
4.	Party Affiliation	5. Office Sought			rict of Candidate		
	REPUBLICAN PARTY	House		IL	16		
	DE	SIGNATION OF PR	RINCIPAL	CAMPAIGN	N COMMITTEE		
7.	I hereby designate the following nar	med political committee as r	my Principal (	Campaign Comn	nittee for the 2024 (year of e	election(s).	
	NOTE: This designation should be f	filed with the appropriate off	ice listed in t	ne instructions.			
	(a) Name of Committee (in full)  LAHOOD FOR CON	NGRESS					
	(b) Address (number and street) P.O. BOX 10735						
	(c) City, State, and ZIP Code						
	PEORIA			IL	61612		
	DE	SIGNATION OF OT	_	_			
		(Including Joi	nt Fundraisin	g Representative	es)		
8.	I hereby authorize the following nan candidacy.	ned committee, which is NC	T my princip	al campaign con	nmittee, to receive and	expend funds on behalf of my	,
	NOTE: This designation should be f	iled with the principal camp	aign committ	ee.			
	(a) Name of Committee (in full)						
	TEAM LAHOOD						
	(b) Address (number and street) 824 S MILLEDGE AVE STE 1	01					
	(c) City, State, and ZIP Code						—
	ATHENS			GA	30605		
	I certify that I have exa	mined this Statement and t	o the best of	my knowledge a	and belief it is true, corr	ect and complete.	_
Sig	gnature of Candidate				Date		
LA	AHOOD, DARIN MCKAY, , ,		[Elec	tronically Filed]	11/18/2022		
NC	OTE: Submission of false, erroneous	, or incomplete information	may subject t	he person signir	ng this Statement to pe	nalties of 2 U.S.C. §437g.	
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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

ο.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	ILLINOIS VICTORY FUND 2022					
	(b) Address (number and street) 824 S MILLEDGE AVE. STE 101					
	(c) City, State, and ZIP Code					
	ATHENS GA 30605					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					